

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099047

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** CORNEA AND CATARACT FOUNDATION OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

6150 DIAMOND CENTRE COURT BLDG 100  
FORT MYERS, FL 33912

**New Principal Place of Business:**

6900 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**Current Mailing Address:**

6150 DIAMOND CENTRE COURT BLDG 100  
FORT MYERS, FL 33912

**New Mailing Address:**

6900 INTERNATIONAL CENTER BLVD  
FORT MYERS, FL 33912

**FEI Number:** 27-1117399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BLVD.  
FT. MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COLLINS, MICHAEL  
Address: 6900 INTERNATIONAL CENTER BLVD  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR  
Name: COLLINS, KRISTIN  
Address: 6900 INTERNATIONAL CENTER BLVD  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KRISTIN COLLINS

MGR

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date